

Fill in this information to identify your case:

United States Bankruptcy Court for the:

MIDDLE DISTRICT OF NORTH CAROLINA

Case number (if known)

Chapter

11☐ Check if this an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

4/16

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name Diverse Label Printing, LLC

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and *doing business as* names

FDBA Diverse Label Printing, Inc.
FDBA Diverse Label Printing Management, Inc.
FDBA Diversity Label and Packaging, Inc.

3. Debtor's federal Employer Identification Number (EIN) 27-0497780

4. Debtor's address

Principal place of business

Mailing address, if different from principal place of business

1626 Anthony Road
Burlington, NC 27215-8979

Number, Street, City, State & ZIP Code

P.O. Box, Number, Street, City, State & ZIP Code

Alamance
County

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL) _____

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify: _____

Debtor **Diverse Label Printing, LLC**
Name

Case number (if known)

7. Describe debtor's business**A. Check one:**

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. Check all that apply

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor.
See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

8. Under which chapter of the Bankruptcy Code is the debtor filing?**Check one:**

- ☐ Chapter 7
- ☐ Chapter 9

☒ Chapter 11. **Check all that apply:**

- ☐ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$2,566,050 (amount subject to adjustment on 4/01/19 and every 3 years after that).
- ☐ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

- ☒ No.
- ☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor?

- ☒ No
- ☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor	_____	Relationship	_____
District	_____	When	_____
		Case number, if known	_____

Debtor **Diverse Label Printing, LLC**
Name

Case number (if known)

11. Why is the case filed in this district?*Check all that apply:*

- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention?☒ No☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.**Why does the property need immediate attention?** (*Check all that apply.*)☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? _____

☐ It needs to be physically secured or protected from the weather.☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).☐ Other _____**Where is the property?** _____

Number, Street, City, State & ZIP Code

Is the property insured?☐ No☐ Yes. Insurance agency _____

Contact name _____

Phone _____

Statistical and administrative information**13. Debtor's estimation of available funds***Check one:*

- ☒ Funds will be available for distribution to unsecured creditors.
- ☐ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors☐ 1-49☒ 50-99☐ 100-199☐ 200-999☐ 1,000-5,000☐ 5001-10,000☐ 10,001-25,000☐ 25,001-50,000☐ 50,001-100,000☐ More than 100,000**15. Estimated Assets**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☐ \$1,000,001 - \$10 million☒ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion**16. Estimated liabilities**☐ \$0 - \$50,000☐ \$50,001 - \$100,000☐ \$100,001 - \$500,000☐ \$500,001 - \$1 million☐ \$1,000,001 - \$10 million☒ \$10,000,001 - \$50 million☐ \$50,000,001 - \$100 million☐ \$100,000,001 - \$500 million☐ \$500,000,001 - \$1 billion☐ \$1,000,000,001 - \$10 billion☐ \$10,000,000,001 - \$50 billion☐ More than \$50 billion

Debtor **Diverse Label Printing, LLC** Case number (if known) _____
 Name

Request for Relief, Declaration, and Signatures

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature
of authorized
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **July 23, 2018**
 MM / DD / YYYY

X /s/ Ed Bidanset

Signature of authorized representative of debtor

Ed Bidanset

Printed name

Title **CEO**

18. Signature of attorney

X /s/ John A. Northen

Signature of attorney for debtor

Date **July 23, 2018**

MM / DD / YYYY

John A. Northen

Printed name

Northen Blue, LLP

Firm name

**PO Box 2208
Chapel Hill, NC 27515**

Number, Street, City, State & ZIP Code

Contact phone **919-968-4441**

Email address

6789 NC

Bar number and State

Fill in this information to identify the case:Debtor name Diverse Label Printing, LLCUnited States Bankruptcy Court for the: MIDDLE DISTRICT OF NORTH CAROLINA

Case number (if known) _____

☐ Check if this is an amended filing

Official Form 202

Declaration Under Penalty of Perjury for Non-Individual Debtors

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Declaration and signature

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☒ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☒ Other document that requires a declaration **Corporate resolution authorizing Chapter 11 filing and retention of counsel**

I declare under penalty of perjury that the foregoing is true and correct.

Executed on July 23, 2018**X /s/ Ed Bidanset**

Signature of individual signing on behalf of debtor

Ed Bidanset

Printed name

CEO

Position or relationship to debtor

Fill in this information to identify the case:Debtor name **Diverse Label Printing, LLC**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF NORTH CAROLINA**

Case number (if known): _____

☐ Check if this is an amended filing**Official Form 204****Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders****12/15**

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Accles & Shelvoke Attn: Managing Agent Selco Way 1st Ave, Minworth Industrial West Midlands B76 1BA UNITED KINGDOM	Joe Turner joturner@eley.co.uk 44 (0) 121 313 4589					\$24,629.29
Avery Dennison Attn: Managing Agent 8080 Norton Parkway Mentor, OH 44060	Blair Swanner Blair.swanner@ave rydennison.com 440-392-4675					\$236,119.58
Bank Capital Services, LLC Attn: Officer 1853 Hwy 315 Pittston, PA 18640	Joe Oots ootsj@fnb-corp.com 910-344-0021	contingent claim arising from guaranty of equipment lease/conditional sale to Refrigerated Trucking & Logistics, LLC and Brian Ewert	Contingent			\$1,639,827.00
Berry Global, Inc. Attn: Brian Schell 101 Oakley St. Evansville, IN 47706	Brian Schell Brian.schell@berry global.com 201-807-2367					\$109,249.70
Cargill, Inc. Attn: Officer PO Box 9300 Minneapolis, MN 55443-9300		Damages claim based upon alleged violations of April 30, 2018 Order of U.S. District Court	Unliquidated Disputed			\$298,000.00

Debtor **Diverse Label Printing, LLC**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Commodore Plastics, LLC Attn: Managing Agent 26 Maple Ave Bloomfield, NY 14469	J. Fox j.fox@commodoresolutions.com 585-657-7777					\$20,424.00
Compass Plastics Attn: Paul Dover 350 Wildcat Road Toronto, Ontario M3J 2N5 CANADA	Paul Dover pdover@polytarp.com 416-633-2231					\$968,879.74
Desiccare Inc Attn: Managing Agent 985 Damonte Ranch Pkwy Suite 320 Reno, NV 89521	Ken Blankenhorn kenb@dessicare.com 775-393-1500					\$28,705.08
Knecht North America Inc. Attn: Denise Dannecker 2743 Seastand Ln Mount Pleasant, SC 29466	Denise Dannecker Denise.dannecker@knecht.us					\$15,253.23
N-Stock Box, Inc. Attn: Managing Agent 1500 S. University Blvd Middletown, OH 45044	513-432-7943					\$24,499.59
Pactiv Attn: Managing Agent 1900 W. Field Court Lake Forest, IL 60045	800-476-4300					\$162,934.65
ProDrivers Attn: Officer 2905-G Queen CityDr. Charlotte, NC 28208	Patricia Canty 704-565-5264	Guaranty of amounts owed by RFS, Inc.	Contingent			\$25,376.06
Roto-Plate Attn: Managing Agent 2025 Cessna Drive Burlington, NC 27215	Tracy acct@roto-plate.com 336-226-4965					\$13,086.46

Debtor **Diverse Label Printing, LLC**
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
Sigma Supply of North America Attn: Managing Agent 824 Mid-America Blvd Hot Springs, AR 71913	501-760-1521					\$66,794.70
Spinnaker Coating Attn: Managing Agent 8464 Solutions Center Chicago, IL 60677-8004	Barry Jones barryjones@spring s.com 513-319-3384					\$91,910.43
Technicote Attn: Managing Agent 222 Mound Avenue Miamisburg, OH 45342	Doug Smith dsmith@technicote .com 937-269-7411					\$30,140.40
Volk Enterprises, Inc. Attn: Byron Russell 1335 Ridgewood Pkwy, Suite 120 Alpharetta, GA 30004	Byron Russell brussell@volkent.c om 770-663-5400					\$24,706.32
WinPak, Inc. Attn: Rosalba Capellan 1951 Paysphere Circle Chicago, IL 60674	Rosalba Capellan Rosalba.capellan@ winpak.com 204-831-2255					\$62,409.44
XTRA Leasing Attn: Officer PO8851 NE Birmingham Rd Kansas City, MO 64161-9229		Guaranty of amounts owed by RFS, Inc.	Contingent			\$62,803.87
Zip-Net Inc. Attn: Anna Norton 801 William Lane Reading, PA 19604	Anna Norton Norton.anna@hotm ail.com 610-929-9426					\$12,636.58

Fill in this information to identify the case:Debtor name **Diverse Label Printing, LLC**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF NORTH CAROLINA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206Sum
Summary of Assets and Liabilities for Non-Individuals**

12/15

Part 1: Summary of Assets**1. Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)**1a. Real property:**Copy line 88 from *Schedule A/B*..... \$ **0.00****1b. Total personal property:**Copy line 91A from *Schedule A/B*..... \$ **15,750,989.16****1c. Total of all property:**Copy line 92 from *Schedule A/B*..... \$ **15,750,989.16****Part 2: Summary of Liabilities****2. Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **4,015,509.00****3. Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)**3a. Total claim amounts of priority unsecured claims:**Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **8,696.00****3b. Total amount of claims of nonpriority amount of unsecured claims:**Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **6,474,981.51****4. Total liabilities**
Lines 2 + 3a + 3b\$ **10,499,186.51**

Fill in this information to identify the case:Debtor name **Diverse Label Printing, LLC**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF NORTH CAROLINA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206A/B****Schedule A/B: Assets - Real and Personal Property**

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

Part 1: Cash and cash equivalents**1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor**Current value of debtor's interest****3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **First National Bank - DLP Distribution Division****Checking account****\$636,544.00**3.2. **First National Bank - DLP Printing Division****Checking****\$168,137.00**3.3. **Fidelity Bank****Checking****\$9,955.00**3.4. **State Employees Credit Union****checking****\$3,911.00****4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

\$818,547.00**Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☐ No. Go to Part 3.
☒ Yes Fill in the information below.

Debtor <u>Diverse Label Printing, LLC</u> <small>Name</small>	Case number <i>(If known)</i> _____
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7.	Deposits, including security deposits and utility deposits <small>Description, including name of holder of deposit</small>	
8.	Prepayments, including prepayments on executory contracts, leases, insurance, taxes, and rent <small>Description, including name of holder of prepayment</small>	

8.1.	Automation WIP Customer Deposits	\$28,002.00
<hr/>		
8.2.	Earnest Money deposits	\$4,131.00
<hr/>		
8.3.	Prepaid insurance - Fresno Earthquake	\$2,288.00
<hr/>		
8.4.	Prepaid insurance - property and liability	\$7,974.00
<hr/>		
8.5.	Prepaid insurance - umbrella	\$892.00
<hr/>		
8.6.	Prepaid insurance - vehicles	\$515.00
<hr/>		
8.7.	Prepaid insurance workers comp	\$2,111.00
<hr/>		
8.8.	Prepaid technology expenses	\$25,232.00
<hr/>		
8.9.	Prepaid commissions (Ewert)	\$345,000.00
<hr/>		
8.10.	Prepaid insurance health/dental/other	\$5,075.00
<hr/>		
8.11.	Prepaid BRC Audit/Consultants (CPA)	\$13,159.00
<hr/>		

9.	Total of Part 2. <small>Add lines 7 through 8. Copy the total to line 81.</small>	<div style="border: 1px solid black; padding: 5px; display: inline-block;"> \$434,379.00 </div>
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Part 3: Accounts receivable

10. Does the debtor have any accounts receivable?

☐ No. Go to Part 4.

Debtor **Diverse Label Printing, LLC**
Name

Case number (If known)

☒ Yes Fill in the information below.11. **Accounts receivable**

11a. 90 days old or less:	<u>4,933,800.00</u>	-	<u>0.00</u>	=	<u>\$4,933,800.00</u>
	face amount		doubtful or uncollectible accounts		

11a. 90 days old or less:	<u>71,809.00</u>	-	<u>0.00</u>	=	<u>\$71,809.00</u>
	face amount		doubtful or uncollectible accounts		

11a. 90 days old or less:	<u>869,213.00</u>	-	<u>869,213.00</u>	=	<u>\$0.00</u>
	face amount		doubtful or uncollectible accounts		

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$5,005,609.00**Part 4: Investments**13. **Does the debtor own any investments?**

- ☒ No. Go to Part 5.
☐ Yes Fill in the information below.

Part 5: Inventory, excluding agriculture assets18. **Does the debtor own any inventory (excluding agriculture assets)?**

- ☐ No. Go to Part 6.
☒ Yes Fill in the information below.

	General description	Date of the last physical inventory	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
19.	Raw materials				
20.	Work in progress				
21.	Finished goods, including goods held for resale				
22.	Other inventory or supplies				
	Inventory		\$3,034,350.00	cost	\$3,069,340.00

23. **Total of Part 5.**

Add lines 19 through 22. Copy the total to line 84.

\$3,069,340.0024. **Is any of the property listed in Part 5 perishable?**

- ☒ No
☐ Yes

25. **Has any of the property listed in Part 5 been purchased within 20 days before the bankruptcy was filed?**

- ☒ No
☐ Yes. Book value _____ Valuation method _____ Current Value _____

26. **Has any of the property listed in Part 5 been appraised by a professional within the last year?**

- ☒ No

Debtor Diverse Label Printing, LLC
Name

Case number (If known) _____

☐ Yes**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.
- ☐ Yes Fill in the information below.

Part 7: Office furniture, fixtures, and equipment; and collectibles

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.
- ☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture Furniture and equipment	\$78,450.00	book	\$78,450.00
	Office furniture and equipment	\$5,971.00	book	\$5,971.00
40.	Office fixtures			
41.	Office equipment, including all computer equipment and communication systems equipment and software Computer hardware	\$11,916.00	book	\$11,916.00
	Computer software (Auto CAD and Auto NET)	\$6,500.00	book	\$6,500.00
	Telephone system	\$0.00	book	\$0.00
	Plant Security System	\$6,035.00	book	\$6,035.00
	Plant Computer hardware and software	\$50,837.00	book	\$50,837.00
	Signage	\$1,180.00	book	\$1,180.00

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$160,889.0044. **Is a depreciation schedule available for any of the property listed in Part 7?**

- ☐ No
- ☒ Yes

45. **Has any of the property listed in Part 7 been appraised by a professional within the last year?**

- ☒ No
- ☐ Yes

Debtor Diverse Label Printing, LLC
Name

Case number (If known) _____

Part 8: Machinery, equipment, and vehicles**46. Does the debtor own or lease any machinery, equipment, or vehicles?**

- ☐ No. Go to Part 9.
- ☒ Yes Fill in the information below.

	General description Include year, make, model, and identification numbers (i.e., VIN, HIN, or N-number)	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
47. Automobiles, vans, trucks, motorcycles, trailers, and titled farm vehicles				
47.1.	<u>Memphis trailer 2096</u>	<u>\$3,800.00</u>	<u>book</u>	<u>\$3,800.00</u>
47.2.	<u>2009 Internatioal box truck 3442</u>	<u>\$12,000.00</u>	<u>book</u>	<u>\$12,000.00</u>
47.3.	<u>2003 Suburban</u>	<u>\$500.00</u>	<u>book</u>	<u>\$500.00</u>
47.4.	<u>GMC Denali</u>	<u>\$2,500.00</u>	<u>book</u>	<u>\$2,500.00</u>
47.5.	<u>Honda Crosstour VIN 1488</u>	<u>\$22,035.00</u>	<u>book</u>	<u>\$22,035.00</u>
48. Watercraft, trailers, motors, and related accessories <i>Examples: Boats, trailers, motors, floating homes, personal watercraft, and fishing vessels</i>				
49. Aircraft and accessories				
50. Other machinery, fixtures, and equipment (excluding farm machinery and equipment)				
	<u>Motorized video camera</u>	<u>\$7,431.16</u>	<u>book</u>	<u>\$7,431.16</u>
	<u>Alarm System</u>	<u>\$1,987.00</u>	<u>book</u>	<u>\$1,987.00</u>
	<u>Applicator equipment</u>	<u>\$4,500.00</u>	<u>book</u>	<u>\$4,500.00</u>
	<u>11 Forklifts (Nissan, Clark, Cincinatti, Fresno, Memphis), batteries and chargers</u>	<u>\$171,435.00</u>	<u>book</u>	<u>\$171,435.00</u>
	<u>Knife sharpening machines</u>	<u>\$1,542,965.00</u>	<u>book</u>	<u>\$1,542,965.00</u>
	<u>Modular and Portable Wall Systems</u>	<u>\$21,000.00</u>	<u>book</u>	<u>\$21,000.00</u>
	<u>Pallet and Tray Padding automation glue systems and padding conveyors</u>	<u>\$19,108.00</u>	<u>book</u>	<u>\$19,108.00</u>
	<u>Warehouse equipment</u>	<u>\$11,866.00</u>	<u>book</u>	<u>\$11,866.00</u>
	<u>Misc machinery and equipment</u>	<u>\$5,750.00</u>	<u>book</u>	<u>\$5,750.00</u>

Debtor	Diverse Label Printing, LLC	Case number (If known)	
	Name		
Warehouse racks	\$78,444.00	book	\$78,444.00
Warehouse scanning hardware	\$12,400.00	book	\$12,400.00
Warehouse temp monitoring equipment	\$4,730.00	book	\$4,730.00
Aquaflex 10 turn bar	\$3,250.00	book	\$3,250.00
Series 300 sprayer	\$8,249.00	book	\$8,249.00
Fanfolder 300 Series	\$12,130.00	book	\$12,130.00
Press - Intraprep 10 conveyor	\$11,633.00	book	\$11,633.00
AF Remanufactured Instaprep	\$1,070.00	book	\$1,070.00
Cartridge Assembly 10" Press	\$26,280.00	book	\$26,280.00
Lamination unwind for 16" press	\$4,217.00	book	\$4,217.00
Aquaflex 16 turn bar	\$6,600.00	book	\$6,600.00
Aquaflex 16: lamination tower	\$700.00	book	\$700.00
Anvil	\$3,615.00	book	\$3,615.00
Press - Aquaflex/Gondoflex 16.5 8 color	\$398,335.00		\$398,335.00
Die Adapter assembly 16" press	\$2,000.00		\$2,000.00
Press - Aquaflex 10 8 color	\$167,428.00		\$167,428.00
Arpeco tracker	\$14,735.00		\$14,735.00
87 Arpeco 16" Slitter Rewinder	\$22,750.00		\$22,750.00
Turret	\$95,620.00		\$95,620.00
4 spindle Vectra turret rewinder	\$187,777.00		\$187,777.00
4 spindle AC Drive Vectra turret rewinder	\$62,720.00		\$62,720.00

Debtor	Diverse Label Printing, LLC	Case number (If known)	
	Name		
Rewind table	\$5,895.00		\$5,895.00
Domino A220 Printer	\$9,992.00		\$9,992.00
Scorer unit	\$3,324.00		\$3,324.00
Electric wiring - equipment set up	\$242,034.00		\$242,034.00
MA Perf Series P7-17" 10 color	\$1,062,667.00		\$1,062,667.00
Hydraulic foot pump stacker	\$1,641.00		\$1,641.00
Shrink tunnell	\$5,162.00		\$5,162.00
Shrink wrap machine	\$5,700.00		\$5,700.00
air compressor	\$26,464.00		\$26,464.00
equipment setup	\$19,400.00		\$19,400.00
duct work for press	\$1,667.00		\$1,667.00
X-Rite 528 Spectrod	\$2,865.00		\$2,865.00
Matrix removal system	\$169,700.00		\$169,700.00
Trash compactor	\$1,285.00		\$1,285.00
Hyra jacks for 16" presses	\$2,314.00		\$2,314.00
Cylinder cart	\$1,650.00		\$1,650.00
Anilox cleaner	\$7,425.00		\$7,425.00
Supercell manual core cutter	\$1,498.00		\$1,498.00
Mag/Print Cylinder	\$142,169.00		\$142,169.00
Plate mounting system	\$24,455.00		\$24,455.00
Anilox	\$31,763.00		\$31,763.00

Debtor Diverse Label Printing, LLC Case number (If known) _____

Name

<u>Anilox roll</u>	<u>\$10,572.00</u>	<u>\$10,572.00</u>
<u>Payback attachments</u>	<u>\$1,465.00</u>	<u>\$1,465.00</u>
<u>Plate and dies</u>	<u>\$237,525.00</u>	<u>\$237,525.00</u>
<u>Plant leasehold improvements</u>	<u>\$80,465.00</u>	<u>\$80,465.00</u>
<u>Other leasehold improvements</u>	<u>\$73,592.00</u>	<u>\$73,592.00</u>
<u>Aquaflex 16.5" 8 color 1/8P</u>	<u>\$240,090.00</u>	<u>\$240,090.00</u>
<u>MA Perf Series P5-17 10 Press color</u>	<u>\$897,886.00</u>	<u>\$897,886.00</u>

51. **Total of Part 8.**

Add lines 47 through 50. Copy the total to line 87.

\$6,262,225.1652. **Is a depreciation schedule available for any of the property listed in Part 8?**☐ No☒ Yes53. **Has any of the property listed in Part 8 been appraised by a professional within the last year?**☒ No☐ Yes**Part 9: Real property**54. **Does the debtor own or lease any real property?**☒ No. Go to Part 10.☐ Yes Fill in the information below.**Part 10: Intangibles and intellectual property**59. **Does the debtor have any interests in intangibles or intellectual property?**☒ No. Go to Part 11.☐ Yes Fill in the information below.**Part 11: All other assets**70. **Does the debtor own any other assets that have not yet been reported on this form?**

Include all interests in executory contracts and unexpired leases not previously reported on this form.

☒ No. Go to Part 12.☐ Yes Fill in the information below.

Debtor Diverse Label Printing, LLC
Name

Case number (If known) _____

Part 12: Summary

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. Cash, cash equivalents, and financial assets. <i>Copy line 5, Part 1</i>	<u>\$818,547.00</u>	
81. Deposits and prepayments. <i>Copy line 9, Part 2.</i>	<u>\$434,379.00</u>	
82. Accounts receivable. <i>Copy line 12, Part 3.</i>	<u>\$5,005,609.00</u>	
83. Investments. <i>Copy line 17, Part 4.</i>	<u>\$0.00</u>	
84. Inventory. <i>Copy line 23, Part 5.</i>	<u>\$3,069,340.00</u>	
85. Farming and fishing-related assets. <i>Copy line 33, Part 6.</i>	<u>\$0.00</u>	
86. Office furniture, fixtures, and equipment; and collectibles. <i>Copy line 43, Part 7.</i>	<u>\$160,889.00</u>	
87. Machinery, equipment, and vehicles. <i>Copy line 51, Part 8.</i>	<u>\$6,262,225.16</u>	
88. Real property. <i>Copy line 56, Part 9.....></i>		<u>\$0.00</u>
89. Intangibles and intellectual property. <i>Copy line 66, Part 10.</i>	<u>\$0.00</u>	
90. All other assets. <i>Copy line 78, Part 11.</i>	+ <u>\$0.00</u>	
91. Total. Add lines 80 through 90 for each column	<u>\$15,750,989.16</u>	+ 91b. <u>\$0.00</u>
92. Total of all property on Schedule A/B. Add lines 91a+91b=92		<u>\$15,750,989.16</u>

Fill in this information to identify the case:Debtor name **Diverse Label Printing, LLC**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF NORTH CAROLINA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206D****Schedule D: Creditors Who Have Claims Secured by Property****12/15****Be as complete and accurate as possible.****1. Do any creditors have claims secured by debtor's property?**

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims**2. List in alphabetical order all creditors who have secured claims.** If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	Bank Capital Services, LLC Creditor's Name Attn: Officer 1853 Hwy 315 Pittston, PA 18640 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Knife sharpening machines Describe the lien Knife Room Lease/conditional sale Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$1,359,611.00	\$1,542,965.00

2.2	Bank Capital Services, LLC Creditor's Name Attn: Officer 1853 Hwy 315 Pittston, PA 18640 Creditor's mailing address Creditor's email address, if known Date debt was incurred Last 4 digits of account number Do multiple creditors have an interest in the same property? <input type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	Describe debtor's property that is subject to a lien Honda Crosstour VIN 1488 Describe the lien Car Lease/Conditional sale Is the creditor an insider or related party? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes Is anyone else liable on this claim? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H) As of the petition filing date, the claim is: Check all that apply	\$17,761.00	\$22,035.00
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Debtor **Diverse Label Printing, LLC**

Case number (if know)

Name

☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.☐ Contingent☐ Unliquidated☐ Disputed

2.3

First National Bank of Pennsylvania

Creditor's Name

**Attn: Officer
3600 Glenwood Avenue,
Ste 300
Raleigh, NC 27612**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.Describe debtor's property that is subject to a lien
Inventory and accounts receivable**\$2,121,486.00****\$8,620,000.00**

Describe the lien

Credit Line

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

2.4

First National Bank of Pennsylvania

Creditor's Name

**Attn: Officer
3600 Glenwood Avenue,
Ste 300
Raleigh, NC 27612**

Creditor's mailing address

Creditor's email address, if known

Date debt was incurred

Last 4 digits of account number

Do multiple creditors have an interest in the same property?☒ No☐ Yes. Specify each creditor, including this creditor and its relative priority.

Describe debtor's property that is subject to a lien

Equipment and vehicles (excluding knife sharpening machines and Honda Crosstour)**\$516,651.00****\$4,719,260.16**

Describe the lien

Term Loan

Is the creditor an insider or related party?

☒ No☐ Yes

Is anyone else liable on this claim?

☐ No☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent☐ Unliquidated☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

\$4,015,509.00**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

Debtor **Diverse Label Printing, LLC**
Name

Case number (if know)

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did
you enter the related creditor?

Last 4 digits of
account number for
this entity

Brian Darer
Parker Poe
P O Box 389
Raleigh, NC 27602

Line 2.1

Brian Darer
Parker Poe
P O Box 389
Raleigh, NC 27602

Line 2.2

Brian Darer
Parker Poe
P O Box 389
Raleigh, NC 27602

Line 2.3

Brian Darer
Parker Poe
P O Box 389
Raleigh, NC 27602

Line 2.4

Fill in this information to identify the case:Debtor name **Diverse Label Printing, LLC**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF NORTH CAROLINA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206E/F****Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims**1. Do any creditors have priority unsecured claims?** (See 11 U.S.C. § 507).☐ No. Go to Part 2.☒ Yes. Go to line 2.**2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part.** If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address Internal Revenue Service Attn: Centralized Insolvency P O Box 7346 Philadelphia, PA 19101-7346	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: for notice purposes only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address NC Department of Commerce Division of Employment Security P O Box 25903 Raleigh, NC 27611	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	\$0.00	\$0.00
	Date or dates debt was incurred Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: for notice purposes only Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

Debtor	Diverse Label Printing, LLC Name		Case number (if known)		
2.3	Priority creditor's name and mailing address NC Department of Labor Attn: Managing Agent 1101 Mail Service Center Raleigh, NC 27699-1101	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$0.00	\$0.00
	Date or dates debt was incurred	Basis for the claim: for notice purposes only			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
2.4	Priority creditor's name and mailing address NC Department of Revenue Attn: Bankruptcy Dept P O Box 1168 Raleigh, NC 27640	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$8,696.00	\$8,696.00
	Date or dates debt was incurred	Basis for the claim: sales tax			
	Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Part 2: List All Creditors with NONPRIORITY Unsecured Claims

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

				Amount of claim	
3.1	Nonpriority creditor's name and mailing address Accles & Shelvoke Attn: Managing Agent Selco Way 1st Ave, Minworth Industrial West Midlands B76 1BA UNITED KINGDOM	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$24,629.29	
	Date(s) debt was incurred __ Last 4 digits of account number __	Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
3.2	Nonpriority creditor's name and mailing address ACHEM Industry America, Inc. Attn: Managing Agent 13226 Alondra Blvd. Cerritos, CA 90703	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$244.08	
	Date(s) debt was incurred __ Last 4 digits of account number __	Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			
3.3	Nonpriority creditor's name and mailing address Allied Electronics, Inc. Attn: Managing Agent P.O. Box 2325 Fort Worth, TX 76113-2325	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed		\$21.00	
	Date(s) debt was incurred __ Last 4 digits of account number __	Basis for the claim: __ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes			

Debtor	Diverse Label Printing, LLC Name	Case number (if known)
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3.4	Nonpriority creditor's name and mailing address AmeriPride Services Inc. Attn: Managing Agent PO Box 1010 Bemidji, MN 56619-1010 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$107.94 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.5	Nonpriority creditor's name and mailing address Averitt Express Inc Attn: Managing Agent 1415 Neal Street PO Box 3166 Cookeville, TN 28502-3166 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$99.92 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.6	Nonpriority creditor's name and mailing address Avery Dennison Attn: Managing Agent 8080 Norton Parkway Mentor, OH 44060 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$236,119.58 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.7	Nonpriority creditor's name and mailing address Bank Capital Services, LLC Attn: Officer 1853 Hwy 315 Pittston, PA 18640 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,639,827.00 <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>contingent claim arising from guaranty of equipment lease/conditional sale to Refrigerated Trucking & Logistics, LLC and Brian Ewert</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.8	Nonpriority creditor's name and mailing address Berry Global, Inc. Attn: Brian Schell 101 Oakley St. Evansville, IN 47706 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$109,249.70 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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3.9	Nonpriority creditor's name and mailing address Box Board Products Attn: Managing Agent PO Box 66385 8313 Triad Drive Charlotte, NC 28263-3385 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> \$1,968.95 <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
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Debtor	Diverse Label Printing, LLC		Case number (if known)
	Name		
3.10	Nonpriority creditor's name and mailing address Brilliant Endeavours, LLC Attn: Managing Agent 2221 Justin Road Suite 119-142 Flower Mound, TX 75028 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,110.00
3.11	Nonpriority creditor's name and mailing address Caraustar Industries, Inc. Attn: Managing Agent 262 Welcome Center Court Welcome, NC 27374 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,753.11
3.12	Nonpriority creditor's name and mailing address Cargill, Inc. Attn: Officer PO Box 9300 Minneapolis, MN 55443-9300 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Damages claim based upon alleged violations of April 30, 2018 Order of U.S. District Court</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$298,000.00
3.13	Nonpriority creditor's name and mailing address Carolina Machine and Tool Attn: Managing Agent 8111 NC 87 Reidsville, NC 27320 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,031.90
3.14	Nonpriority creditor's name and mailing address Century Systems, Inc. Attn: Managing Agent 3833 Solutions Center Chicago, IL 60677-3833 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$870.13
3.15	Nonpriority creditor's name and mailing address Cintas Attn: Managing Agent P.O. Box 631025 Cincinnati, OH 45263-1025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$49.16
3.16	Nonpriority creditor's name and mailing address Commodore Plastics, LLC Attn: Managing Agent 26 Maple Ave Bloomfield, NY 14469 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20,424.00

Debtor	Diverse Label Printing, LLC		Case number (if known)
	Name		
3.17	Nonpriority creditor's name and mailing address Compass Plastics Attn: Paul Dover 350 Wildcat Road Toronto, Ontario M3J 2N5 CANADA Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$968,879.74
3.18	Nonpriority creditor's name and mailing address Consolidated Communications Attn: Managing Agent PO Box 66523 Saint Louis, MO 63166-6523 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$409.94
3.19	Nonpriority creditor's name and mailing address Daniel McBride Attn: Managing Agent 2663 Northstream Ct. Haw River, NC 27258 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$264.00
3.20	Nonpriority creditor's name and mailing address Dayton Freight Lines, Inc. Attn: Managing Agent P.O. Box 340 Vandalia, OH 45377 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$346.16
3.21	Nonpriority creditor's name and mailing address DBT Coating, LLC Attn: Managing Agent PO Box 4121 Greensboro, NC 27404-4121 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,200.00
3.22	Nonpriority creditor's name and mailing address Desiccare Inc Attn: Managing Agent 985 Damonte Ranch Pkwy Suite 320 Reno, NV 89521 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$28,705.08
3.23	Nonpriority creditor's name and mailing address Dexter Russell Attn: Lisa Hamlin PO Box 983122 Boston, MA 02298-3122 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$11,442.86

Debtor	Diverse Label Printing, LLC Name	Case number (if known)
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3.24	Nonpriority creditor's name and mailing address Diamond Marketing Group Attn: Managing Agent 5530 Bandini Blvd. Bell Gardens, CA 90201 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$659.17
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3.25	Nonpriority creditor's name and mailing address Dietech Attn: Managing Agent 4 Stanley Ave. Thomasville, NC 27360 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$120.00
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3.26	Nonpriority creditor's name and mailing address DNP IMS America Corp Attn: Managing Agent PO Box 281011 Atlanta, GA 30384-1011 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,849.80
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3.27	Nonpriority creditor's name and mailing address EAN Services, LLC Attn: Managing Agent PO Box 402383 Atlanta, GA 30384-2383 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,970.33
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3.28	Nonpriority creditor's name and mailing address Environmental Inks Attn: Managing Agent #1 Quality Products Road Morganton, NC 28655 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,991.76
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3.29	Nonpriority creditor's name and mailing address ERB Industries Attn: Managing Agent 1 Safety Way Woodstock, GA 30188 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$420.10
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3.30	Nonpriority creditor's name and mailing address Estes Express Lines Attn: Managing Agent PO Box 25612 Richmond, VA 23260-5612 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,120.48
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Debtor	Diverse Label Printing, LLC <small>Name</small>	Case number (if known) _____
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3.31	Nonpriority creditor's name and mailing address Infiniti Logistics, Inc. Attn: Managing Agent 5750 West 95th St., Suite# 310 Overland Park, KS 66207 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$618.00
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3.32	Nonpriority creditor's name and mailing address Knecht North America Inc. Attn: Denise Dannecker 2743 Seastand Ln Mount Pleasant, SC 29466 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$15,253.23
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3.33	Nonpriority creditor's name and mailing address Lake Graphics, Label & Sign Co., Inc. Attn: Managing Agent 15400 Industrial Pkwy Cleveland, OH 44135 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,697.27
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3.34	Nonpriority creditor's name and mailing address Lewis System & Service Co., Inc. Attn: Managing Agent 3702 Boren Drive Greensboro, NC 27407 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$675.00
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3.35	Nonpriority creditor's name and mailing address MACTAC Attn: Managing Agent 4560 Darrow Road Stow, OH 44224 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,287.36
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3.36	Nonpriority creditor's name and mailing address Mark Andy Attn: Managing Agent 18081 Chesterfield Airport Road Chesterfield, MO 63005 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$140.40
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3.37	Nonpriority creditor's name and mailing address McMaster-Carr Attn: Managing Agent Po Box 7690 Chicago, IL 60680-7690 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$101.36
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Debtor	Diverse Label Printing, LLC Name	Case number (if known) _____
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3.38	Nonpriority creditor's name and mailing address Multi-Plastics Inc Attn: Managing Agent 7770 N Central Dr Lewis Center, OH 43035 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$166.18
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3.39	Nonpriority creditor's name and mailing address N-Stock Box, Inc. Attn: Managing Agent 1500 S. University Blvd Middletown, OH 45044 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,499.59
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3.40	Nonpriority creditor's name and mailing address ODDS, LLC Attn: Brian Ewert 9640 Windy Gap Road Charlotte, NC 28278 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,274,351.00
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3.41	Nonpriority creditor's name and mailing address Ohio Chemical Attn: Managing Agent 405 S. 22nd Street Heath, OH 43056 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,472.88
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3.42	Nonpriority creditor's name and mailing address Pactiv Attn: Managing Agent 1900 W. Field Court Lake Forest, IL 60045 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$162,934.65
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3.43	Nonpriority creditor's name and mailing address Patty Paper, Inc. Attn: Managing Agent PO Box 2447 Grand Rapids, MI 49501 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,631.21
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3.44	Nonpriority creditor's name and mailing address Paula Renee Franklin 1626 Anthony Road Burlington, NC 27215 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$100.00
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Debtor	Diverse Label Printing, LLC		Case number (if known)
	Name		
3.45	Nonpriority creditor's name and mailing address Pratt Industries, Inc. Attn: Managing Agent PO Box 933949 Atlanta, GA 31193-3949 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,509.95
3.46	Nonpriority creditor's name and mailing address Presto-X (KC) Attn: Managing Agent PO Box 13848 Reading, PA 19612-4087 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$138.00
3.47	Nonpriority creditor's name and mailing address Presto-X (Memphis) Attn: Managing Agent PO Box 13848 Reading, PA 19612-3848 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$408.00
3.48	Nonpriority creditor's name and mailing address ProDrivers Attn: Officer 2905-G Queen CityDr. Charlotte, NC 28208 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Guaranty of amounts owed by RFS, Inc.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,376.06
3.49	Nonpriority creditor's name and mailing address Quill Corporation Attn: Managing Agent PO Box 37600 Philadelphia, PA 19101-0600 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$173.96
3.50	Nonpriority creditor's name and mailing address RFS, Inc. Attn: Kenneth Copeland 505 Fenton Place Charlotte, NC 28207 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes	\$10,730.00
3.51	Nonpriority creditor's name and mailing address Roto-Plate Attn: Managing Agent 2025 Cessna Drive Burlington, NC 27215 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$13,086.46

Debtor	Diverse Label Printing, LLC		Case number (if known)
	Name		
3.52	Nonpriority creditor's name and mailing address Rotometrics Attn: Managing Agent 800 Howerton Lane Eureka, MO 63025 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$2,151.18
3.53	Nonpriority creditor's name and mailing address SAIA Motor Freight Line LLC Attn: Managing Agent PO Box 730532 Dallas, TX 75373-0532 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$188.01
3.54	Nonpriority creditor's name and mailing address Saia, Inc. Attn: Managing Agent 11465 Johns Creek Pkwy Suite 400 Johns Creek, GA 30097 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,178.89
3.55	Nonpriority creditor's name and mailing address ScanSource Attn: Managing Agent P.O. Box 730987 Dallas, TX 75373-0987 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,602.45
3.56	Nonpriority creditor's name and mailing address Sigma Supply of North America Attn: Managing Agent 824 Mid-America Blvd Hot Springs, AR 71913 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$66,794.70
3.57	Nonpriority creditor's name and mailing address Sparkletts Attn: Managing Agent PO Box 660579 Dallas, TX 75266-0579 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$20.52
3.58	Nonpriority creditor's name and mailing address Spinnaker Coating Attn: Managing Agent 8464 Solutions Center Chicago, IL 60677-8004 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$91,910.43

Debtor	Diverse Label Printing, LLC		Case number (if known)
	Name		
3.59	Nonpriority creditor's name and mailing address Stag Industrial, Inc. Attn: Managing Agent NEED ADDRESS Boston, MA 02110 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$5,322.37
3.60	Nonpriority creditor's name and mailing address SumnerOne Attn: Managing Agent PO Box 5180 St Louis, MO 63139-0180 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$92.94
3.61	Nonpriority creditor's name and mailing address Technicote Attn: Managing Agent 222 Mound Avenue Miamisburg, OH 45342 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$30,140.40
3.62	Nonpriority creditor's name and mailing address The Safety Zone Attn: Managing Agent 385 Long Hill Road Guilford, CT 06437 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$137.85
3.63	Nonpriority creditor's name and mailing address Tracy Ewert 9640 Windy Gap Road Charlotte, NC 28278 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Equitable distribution claim, action pending in Mecklenburg Co, NC Case 18-cvd-9391</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	Unknown
3.64	Nonpriority creditor's name and mailing address U.S. Bank Equipment Finance Attn: Managing Agent P.O. Box 790448 St Louis, MO 63179-0448 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$95.93
3.65	Nonpriority creditor's name and mailing address Uline Attn: Managing Agent 12575 Uline Drive Pleasant Prairie, WI 53158 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$819.75

Debtor	Diverse Label Printing, LLC Name	Case number (if known)
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3.66	Nonpriority creditor's name and mailing address UPM Raflatac Inc. Attn: Managing Agent 400 Broadpointe Dr. Mills River, NC 28759 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$10,813.12
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3.67	Nonpriority creditor's name and mailing address Village Harbor Owners Assoc. Inc. Attn: Managing Agent 1516 Village Harbor Drive Lake Wylie, SC 29710 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$550.28
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3.68	Nonpriority creditor's name and mailing address Volk Enterprises, Inc. Attn: Byron Russell 1335 Ridgewood Pkwy, Suite 120 Alpharetta, GA 30004 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$24,706.32
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3.69	Nonpriority creditor's name and mailing address Vondrehle Corporation Attn: Managing Agent PO Box 600132 Raleigh, NC 27675-0132 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,142.40
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3.70	Nonpriority creditor's name and mailing address WDS, Inc. Attn: Brian Ewert 9640 Windy Gap Road Charlotte, NC 28278 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,188,308.00
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3.71	Nonpriority creditor's name and mailing address WinPak, Inc. Attn: Rosalba Capellan 1951 Paysphere Circle Chicago, IL 60674 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62,409.44
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3.72	Nonpriority creditor's name and mailing address XTRA Leasing Attn: Officer PO8851 NE Birmingham Rd Kansas City, MO 64161-9229 Date(s) debt was incurred ____ Last 4 digits of account number ____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Guaranty of amounts owed by RFS, Inc.</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$62,803.87
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Debtor **Diverse Label Printing, LLC**
Name

Case number (if known)

3.73 Nonpriority creditor's name and mailing address

Zeller Gmelin
4801 Audobon Drive
Richmond, VA 23231

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.***\$2,920.34**

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes

3.74 Nonpriority creditor's name and mailing address

Zip-Net Inc.
Attn: Anna Norton
801 William Lane
Reading, PA 19604

Date(s) debt was incurred _

Last 4 digits of account number _

As of the petition filing date, the claim is: *Check all that apply.***\$12,636.58**

- ☐
- Contingent
-
- ☐
- Unliquidated
-
- ☐
- Disputed

Basis for the claim: _

Is the claim subject to offset? ☒ No ☐ Yes**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	Andrew W. J. Tarr Robinson Bradshaw & Hinson PA 101 North Tryon St., Suite 1900 Charlotte, NC 28246	Line <u>3.12</u> <input type="checkbox"/> Not listed. Explain _____	—
4.2	Brian Darer Parker Poe P O Box 389 Raleigh, NC 27602	Line <u>3.7</u> <input type="checkbox"/> Not listed. Explain _____	—
4.3	Jane E. Maschka Faegre Baker Daniels LLP 2200 Wells Fargo Center 90 S. Seventh Street Minneapolis, MN 55402	Line <u>3.12</u> <input type="checkbox"/> Not listed. Explain _____	—
4.4	Jonathan D. Feit James McElroy & Diehl PA 525 N. Tryon St., Suite 700 Charlotte, NC 28202	Line <u>3.63</u> <input type="checkbox"/> Not listed. Explain _____	—

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <u>8,696.00</u>
5b. +	\$ <u>6,474,981.51</u>
5c.	\$ <u>6,483,677.51</u>

Fill in this information to identify the case:Debtor name **Diverse Label Printing, LLC**United States Bankruptcy Court for the: **MIDDLE DISTRICT OF NORTH CAROLINA**

Case number (if known) _____

☐ Check if this is an amended filing**Official Form 206H
Schedule H: Your Codebtors****12/15**

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

1. Do you have any codebtors?☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.☒ Yes

2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.

*Column 1: Codebtor**Column 2: Creditor***Name****Mailing Address****Name***Check all schedules that apply:***2.1 Brian Ewert****9640 Windy Gap Road
Charlotte, NC 28278
Guarantor****First National Bank of
Pennsylvania**☒ D **2.3**
☐ E/F _____
☐ G _____**2.2 Brian Ewert****9640 Windy Gap Road
Charlotte, NC 28278
Guarantor****First National Bank of
Pennsylvania**☒ D **2.4**
☐ E/F _____
☐ G _____**2.3 Brian Ewert****9640 Windy Gap Road
Charlotte, NC 28278
Guarantor****Bank Capital
Services, LLC**☒ D **2.1**
☐ E/F _____
☐ G _____**2.4 Brian Ewert****9640 Windy Gap Road
Charlotte, NC 28278
Guarantor****Bank Capital
Services, LLC**☒ D **2.2**
☐ E/F _____
☐ G _____

B2030 (Form 2030) (12/15)

United States Bankruptcy Court
Middle District of North Carolina

In re **Diverse Label Printing, LLC**

Debtor(s)

Case No.

Chapter

11

DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR(S)

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal services, I have agreed to accept	\$	50,000.00
Prior to the filing of this statement I have received	\$	50,000.00
Balance Due	\$	0.00

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify):

3. The source of compensation to be paid to me is:

☒ Debtor ☐ Other (specify):

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached.

5. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including:

- a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;
- b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;
- c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;
- d. [Other provisions as needed]

Negotiations with secured creditors to reduce to market value; exemption planning; preparation and filing of reaffirmation agreements and applications as needed; preparation and filing of motions pursuant to 11 USC 522(f)(2)(A) for avoidance of liens on household goods.

6. By agreement with the debtor(s), the above-disclosed fee does not include the following service:

Representation of the debtors in any dischargeability actions, judicial lien avoidances, relief from stay actions or any other adversary proceeding.

CERTIFICATION

I certify that the foregoing is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy proceeding.

July 23, 2018

Date

/s/ John A. Northen

John A. Northen

Signature of Attorney

Northern Blue, LLP

PO Box 2208

Chapel Hill, NC 27515

919-968-4441 Fax: 919-942-6603

Name of law firm

**United States Bankruptcy Court
Middle District of North Carolina**

In re **Diverse Label Printing, LLC**

Debtor(s)

Case No.
Chapter**11**

LIST OF EQUITY SECURITY HOLDERS

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
Brian Ewert 9640 Windy Gap Road Charlotte, NC 28278		90%	Member interest
James W. Maier 4523 Water Oak Lake Wylie, SC 29710		10%	Member interest

DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP

I, the **CEO** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date **July 23, 2018**Signature **/s/ Ed Bidanset**
Ed Bidanset

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.
18 U.S.C. §§ 152 and 3571.*

**United States Bankruptcy Court
Middle District of North Carolina**

In re **Diverse Label Printing, LLC**

Debtor(s)

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Chapter

11

VERIFICATION OF CREDITOR MATRIX

I, the CEO of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **July 23, 2018**

/s/ Ed Bidanset

Ed Bidanset/CEO

Signer/Title

Accles & Shelvoke
Attn: Managing Agent
Selco Way 1st Ave, Minworth Industrial
West Midlands B76 1BA
UNITED KINGDOM

ACHEM Industry America, Inc.
Attn: Managing Agent
13226 Alondra Blvd.
Cerritos, CA 90703

Allied Electronics, Inc.
Attn: Managing Agent
P.O. Box 2325
Fort Worth, TX 76113-2325

AmeriPride Services Inc.
Attn: Managing Agent
PO Box 1010
Bemidji, MN 56619-1010

Andrew W. J. Tarr
Robinson Bradshaw & Hinson PA
101 North Tryon St., Suite 1900
Charlotte, NC 28246

Averitt Express Inc
Attn: Managing Agent
1415 Neal Street
PO Box 3166
Cookeville, TN 28502-3166

Avery Dennison
Attn: Managing Agent
8080 Norton Parkway
Mentor, OH 44060

Bank Capital Services, LLC
Attn: Officer
1853 Hwy 315
Pittston, PA 18640

Berry Global, Inc.
Attn: Brian Schell
101 Oakley St.
Evansville, IN 47706

Box Board Products
Attn: Managing Agent
PO Box 66385
8313 Triad Drive
Charlotte, NC 28263-3385

Brian C. Ewert
9640 Windy Gap Road
Charlotte, NC 28278

Brian Darer
Parker Poe
P O Box 389
Raleigh, NC 27602

Brian Ewert
9640 Windy Gap Road
Charlotte, NC 28278

Brilliant Endeavours, LLC
Attn: Managing Agent
2221 Justin Road
Suite 119-142
Flower Mound, TX 75028

Caraustar Industries, Inc.
Attn: Managing Agent
262 Welcome Center Court
Welcome, NC 27374

Cargill, Inc.
Attn: Officer
PO Box 9300
Minneapolis, MN 55443-9300

Carolina Hosiery Mills, Inc.
Attn: Managing Agent
P O Box 850
Burlington, NC 27215

Carolina Machine and Tool
Attn: Managing Agent
8111 NC 87
Reidsville, NC 27320

Century Systems, Inc.
Attn: Managing Agent
3833 Solutions Center
Chicago, IL 60677-3833

Cintas
Attn: Managing Agent
P.O. Box 631025
Cincinnati, OH 45263-1025

Commodore Plastics, LLC
Attn: Managing Agent
26 Maple Ave
Bloomfield, NY 14469

Compass Plastics
Attn: Paul Dover
350 Wildcat Road
Toronto, Ontario M3J 2N5
CANADA

Consolidated Communications
Attn: Managing Agent
PO Box 66523
Saint Louis, MO 63166-6523

Daniel McBride
Attn: Managing Agent
2663 Northstream Ct.
Haw River, NC 27258

Dayton Freight Lines, Inc.
Attn: Managing Agent
P.O. Box 340
Vandalia, OH 45377

DBT Coating, LLC
Attn: Managing Agent
PO Box 4121
Greensboro, NC 27404-4121

Desiccare Inc
Attn: Managing Agent
985 Damonte Ranch Pkwy
Suite 320
Reno, NV 89521

Dexter Russell
Attn: Lisa Hamlin
PO Box 983122
Boston, MA 02298-3122

Diamond Marketing Group
Attn: Managing Agent
5530 Bandini Blvd.
Bell Gardens, CA 90201

Dietech
Attn: Managing Agent
4 Stanley Ave.
Thomasville, NC 27360

DNP IMS America Corp
Attn: Managing Agent
PO Box 281011
Atlanta, GA 30384-1011

EAN Services, LLC
Attn: Managing Agent
PO Box 402383
Atlanta, GA 30384-2383

Environmental Inks
Attn: Managing Agent
#1 Quality Products Road
Morganton, NC 28655

ERB Industries
Attn: Managing Agent
1 Safety Way
Woodstock, GA 30188

Estes Express Lines
Attn: Managing Agent
PO Box 25612
Richmond, VA 23260-5612

First National Bank of Pennsylvania
Attn: Officer
3600 Glenwood Avenue, Ste 300
Raleigh, NC 27612

Infiniti Logistics, Inc.
Attn: Managing Agent
5750 West 95th St., Suite# 310
Overland Park, KS 66207

Internal Revenue Service
Attn: Centralized Insolvency
P O Box 7346
Philadelphia, PA 19101-7346

Jane E. Maschka
Faegre Baker Daniels LLP
2200 Wells Fargo Center
90 S. Seventh Street
Minneapolis, MN 55402

Jonathan D. Feit
James McElroy & Diehl PA
525 N. Tryon St., Suite 700
Charlotte, NC 28202

Knecht North America Inc.
Attn: Denise Dannecker
2743 Seastand Ln
Mount Pleasant, SC 29466

Lake Graphics, Label & Sign Co., Inc.
Attn: Managing Agent
15400 Industrial Pkwy
Cleveland, OH 44135

Lewis System & Service Co., Inc.
Attn: Managing Agent
3702 Boren Drive
Greensboro, NC 27407

MACTAC
Attn: Managing Agent
4560 Darrow Road
Stow, OH 44224

Madrock Advisors, LLC
Attn: Managing Agent
102 Stratford Drive
Chapel Hill, NC 27516

Mark Andy
Attn: Managing Agent
18081 Chesterfield Airport Road
Chesterfield, MO 63005

McMaster-Carr
Attn: Managing Agent
Po Box 7690
Chicago, IL 60680-7690

Multi-Plastics Inc
Attn: Managing Agent
7770 N Central Dr
Lewis Center, OH 43035

N-Stock Box, Inc.
Attn: Managing Agent
1500 S. University Blvd
Middletown, OH 45044

NC Department of Commerce
Division of Employment Security
P O Box 25903
Raleigh, NC 27611

NC Department of Labor
Attn: Managing Agent
1101 Mail Service Center
Raleigh, NC 27699-1101

NC Department of Revenue
Attn: Bankruptcy Dept
P O Box 1168
Raleigh, NC 27640

ODDS, LLC
Attn: Brian Ewert
9640 Windy Gap Road
Charlotte, NC 28278

Ohio Chemical
Attn: Managing Agent
405 S. 22nd Street
Heath, OH 43056

Pactiv
Attn: Managing Agent
1900 W. Field Court
Lake Forest, IL 60045

Patty Paper, Inc.
Attn: Managing Agent
PO Box 2447
Grand Rapids, MI 49501

Paula Renee Franklin
1626 Anthony Road
Burlington, NC 27215

Pratt Industries, Inc.
Attn: Managing Agent
PO Box 933949
Atlanta, GA 31193-3949

Presto-X (KC)
Attn: Managing Agent
PO Box 13848
Reading, PA 19612-4087

Presto-X (Memphis)
Attn: Managing Agent
PO Box 13848
Reading, PA 19612-3848

ProDrivers
Attn: Officer
2905-G Queen CityDr.
Charlotte, NC 28208

Quill Corporation
Attn: Managing Agent
PO Box 37600
Philadelphia, PA 19101-0600

Rayburn Cooper & Durham, PA
Attn: C. Richard Rayburn, Jr.
227 W. Trade St., Suite 1200
Charlotte, NC 28202-1675

RFS, Inc.
Attn: Kenneth Copeland
505 Fenton Place
Charlotte, NC 28207

Roto-Plate
Attn: Managing Agent
2025 Cessna Drive
Burlington, NC 27215

Rotometrics
Attn: Managing Agent
800 Howerton Lane
Eureka, MO 63025

SAIA Motor Freight Line LLC
Attn: Managing Agent
PO Box 730532
Dallas, TX 75373-0532

Saia, Inc.
Attn: Managing Agent
11465 Johns Creek Pkwy
Suite 400
Johns Creek, GA 30097

ScanSource
Attn: Managing Agent
P.O. Box 730987
Dallas, TX 75373-0987

Sigma Supply of North America
Attn: Managing Agent
824 Mid-America Blvd
Hot Springs, AR 71913

Sparkletts
Attn: Managing Agent
PO Box 660579
Dallas, TX 75266-0579

Spinnaker Coating
Attn: Managing Agent
8464 Solutions Center
Chicago, IL 60677-8004

Stag Industrial, Inc.
Attn: Managing Agent
NEED ADDRESS
Boston, MA 02110

SumnerOne
Attn: Managing Agent
PO Box 5180
St Louis, MO 63139-0180

Technicote
Attn: Managing Agent
222 Mound Avenue
Miamisburg, OH 45342

Terpening Wilder Law
Attn: Raboteau Wilder, Jr.
5950 Fairview Road, Ste 808
Charlotte, NC 28210

The Finley Group, Inc.
Attn: Managing Agent
212 S. Tryon Street, Suite 1050
Charlotte, NC 28202

The Safety Zone
Attn: Managing Agent
385 Long Hill Road
Guilford, CT 06437

Tracy Ewert
9640 Windy Gap Road
Charlotte, NC 28278

U.S. Bank Equipment Finance
Attn: Managing Agent
P.O. Box 790448
St Louis, MO 63179-0448

Uline
Attn: Managing Agent
12575 Uline Drive
Pleasant Prairie, WI 53158

UPM Raflatac Inc.
Attn: Managing Agent
400 Broadpointe Dr.
Mills River, NC 28759

Village Harbor Owners Assoc. Inc.
Attn: Managing Agent
1516 Village Harbor Drive
Lake Wylie, SC 29710

Volk Enterprises, Inc.
Attn: Byron Russell
1335 Ridgewood Pkwy, Suite 120
Alpharetta, GA 30004

Vondrehle Corporation
Attn: Managing Agent
PO Box 600132
Raleigh, NC 27675-0132

WDS, Inc.
Attn: Brian Ewert
9640 Windy Gap Road
Charlotte, NC 28278

WinPak, Inc.
Attn: Rosalba Capellan
1951 Paysphere Circle
Chicago, IL 60674

XTRA Leasing
Attn: Officer
PO8851 NE Birmingham Rd
Kansas City, MO 64161-9229

Zeller Gmelin
4801 Audobon Drive
Richmond, VA 23231

Zip-Net Inc.
Attn: Anna Norton
801 William Lane
Reading, PA 19604

**United States Bankruptcy Court
Middle District of North Carolina**

In re **Diverse Label Printing, LLC**

Debtor(s)

Case No.

Chapter

11

CORPORATE OWNERSHIP STATEMENT (RULE 7007.1)

Pursuant to Federal Rule of Bankruptcy Procedure 7007.1 and to enable the Judges to evaluate possible disqualification or recusal, the undersigned counsel for **Diverse Label Printing, LLC** in the above captioned action, certifies that the following is a (are) corporation(s), other than the debtor or a governmental unit, that directly or indirectly own(s) 10% or more of any class of the corporation's(s') equity interests, or states that there are no entities to report under FRBP 7007.1:

■ None [*Check if applicable*]

July 23, 2018

Date

/s/ John A. Northen**John A. Northen**

Signature of Attorney or Litigant

Counsel for **Diverse Label Printing, LLC****Northern Blue, LLP****PO Box 2208****Chapel Hill, NC 27515****919-968-4441 Fax:919-942-6603**